

SERFF Tracking Number: REGU-125513648 State: Arkansas
First Filing Company: Technology Insurance Company, Inc., ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-0402
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Commercial General Liability Form Filing
Project Name/Number: /2008-0402

Filing at a Glance

Companies: Technology Insurance Company, Inc., Wesco Insurance Company

Product Name: Commercial General Liability SERFF Tr Num: REGU-125513648 State: Arkansas

Form Filing

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50

Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: 2008-0402 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Joanne Sullivan Disposition Date: 03/13/2008

Date Submitted: 02/28/2008 Disposition Status: Approved

Effective Date Requested (New): On Approval Effective Date (New):

Effective Date Requested (Renewal): On Approval Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending

Project Number: 2008-0402 Domicile Status Comments:

Reference Organization: Reference Number:

Reference Title: Advisory Org. Circular:

Filing Status Changed: 03/13/2008

State Status Changed: 03/13/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

In 2006, Technology Insurance Company (TIC) and Wesco Insurance Company (WIC) submitted a Commercial General Liability Hired Auto and Non Owned Auto Liability endorsement GL990027 0206 that was approved for use in your state.

It has come to our attention that this form contained an error on page 3 under F.3. We have removed the sentence "This includes "autos" owned by your business".

SERFF Tracking Number:	REGU-125513648	State:	Arkansas
First Filing Company:	Technology Insurance Company, Inc., ...	State Tracking Number:	EFT \$50
Company Tracking Number:	2008-0402		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0001 Commercial General Liability
Product Name:	Commercial General Liability Form Filing		
Project Name/Number:	/2008-0402		

The following items are enclosed for your review:

- Required state filing forms
- Form GL990027 0208 – Hire Auto and Non-Owned Auto Liability

An EFT in the amount of \$50.00 has been initiated to cover the required filing fee.

We ask that this filing become effective for all policies upon approval.

Company and Contact

Filing Contact Information

(This filing was made by a third party - insuranceregulatoryconsultantsllc)

Joanne Sullivan,	joannesullivan@ircllc.com
50 Broad Street	(212) 571-3989 [Phone]
New York, NY 10004	

Filing Company Information

Technology Insurance Company, Inc.	CoCode: 42376	State of Domicile: New Hampshire
55 Capital Boulevard	Group Code: 2538	Company Type: P&C
6th Floor		
Rocky Hill, CT 06067	Group Name:	State ID Number:
(212) 571-3989 ext. [Phone]	FEIN Number: 02-0449082	

Wesco Insurance Company	CoCode: 25011	State of Domicile: Delaware
55 Capital Boulevard	Group Code: 2538	Company Type:
Rocky Hill, CT 06067	Group Name:	State ID Number:
(212) 571-3989 ext. [Phone]	FEIN Number: 85-0165753	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No

<i>SERFF Tracking Number:</i>	<i>REGU-125513648</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Technology Insurance Company, Inc., ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-0402</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Commercial General Liability Form Filing</i>		
<i>Project Name/Number:</i>	<i>/2008-0402</i>		
Fee Explanation:	AR fee is \$50.00 per filing		
Per Company:	No		

SERFF Tracking Number: *REGU-125513648* *State:* *Arkansas*
First Filing Company: *Technology Insurance Company, Inc., ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *2008-0402*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *Commercial General Liability Form Filing*
Project Name/Number: */2008-0402*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Technology Insurance Company, Inc.	\$50.00	02/28/2008	18219446
Wesco Insurance Company	\$0.00	02/28/2008	

SERFF Tracking Number: *REGU-125513648* *State:* *Arkansas*
First Filing Company: *Technology Insurance Company, Inc., ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *2008-0402*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *Commercial General Liability Form Filing*
Project Name/Number: */2008-0402*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	03/13/2008	03/13/2008

SERFF Tracking Number: *REGU-125513648* *State:* *Arkansas*
First Filing Company: *Technology Insurance Company, Inc., ...* *State Tracking Number:* *EFT \$50*
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Project Name/Number: */2008-0402*

Disposition

Disposition Date: 03/13/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: REGU-125513648 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Authorization Letters	Approved	Yes
Form	Hired Auto And Non-Owned Auto Liability	Approved	Yes

SERFF Tracking Number: REGU-125513648 State: Arkansas

First Filing Company: Technology Insurance Company, Inc., ... State Tracking Number: EFT \$50

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TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Commercial General Liability Form Filing

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Hired Auto And Non-Owned Auto Liability	GL990027	0208	Endorsement/Amendment/Conditions	Replaced Form #:0.00 GL990027 0206 Previous Filing #:		GL990027 0208.pdf GL990027 0206 Marked Up.pdf

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

HIRED AUTO AND NON-OWNED AUTO LIABILITY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Insurance is provided only with respect to those coverages for which a specific premium charge is shown:

Coverage	Additional Premium
Hired Auto Liability and Non-Owned Auto Liability	\$

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

A. HIRED AUTO LIABILITY

The insurance provided under **COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY** (Section I - Coverages) applies to "bodily injury" or "property damage" arising out of the maintenance or use of a "hired auto" by you or your "employees" in the course of your business.

B. NON-OWNED AUTO LIABILITY

The insurance provided under **COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY** (Section I - Coverages) applies to "bodily injury" or "property damage" arising out of the use of a "non-owned auto" by any person other than you in the course of your business.

C. With respect to the insurance provided by this endorsement:

1. Subparagraphs b., c., e., g., h., j., k., l., m., and n. of paragraph 2., Exclusions of **COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY** (Section I - Coverages) do not apply.
2. The following exclusions are added to paragraph 2., Exclusions of **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY** (Section I - Coverages):
 - a. "Bodily injury" or "property damage" for which the insured is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages:
 - (1) That the insured would have in the absence of the contract or agreement; or

- (2) Assumed in a contract or agreement that is an "insured contract", provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement.

b. "Bodily injury" to:

- (1) An "employee" of the insured arising out of and in the course of:
 - (a) Employment by the insured; or
 - (b) Performing duties related to the conduct of the insured's business; or
- (2) The spouse, child, parent, brother or sister of that "employee" as a consequence of paragraph (1) above.

This exclusion applies:

- (1) Whether the insured may be liable as an employer or in any other capacity; and
- (2) To any obligation to share damages with or repay someone else who must pay the damages because of the injury.

This exclusion does not apply to:

- (1) Liability assumed by the insured under an "insured contract"; or
- (2) "Bodily injury" to domestic "employees" not entitled to Workers Compensation benefits.

c. "Property damage" to:

- (1) Property owned or being transported by, or rented or loaned to the insured; or
- (2) Property in the care, custody or control of the insured.

D. For the purposes of this endorsement only, WHO IS AN INSURED (Section II) is replaced by the following:

Each of the following is an insured under this Insurance to the extent set forth below:

- 1. You.
- 2. Any other person using a "hired auto" with your permission.
- 3. With respect to a "non-owned auto", any partner or "executive officer" of yours, but only while such "non-owned auto" is being used in your business.
- 4. Any other person or organization, but only with respect to their liability because of acts or omissions of an insured under paragraphs 1., 2., or 3. above.

None of the following is an insured:

- 1. Any person engaged in the business of his or her employer with respect to "bodily injury" to any co-employee of such person injured in the course of employment;
- 2. Any partner or "executive officer" with respect to any "auto" owned by such partner or officer or a member of his or her household;

3. Any person while employed in or otherwise engaged in performing duties related to the conduct of an "auto business", other than an "auto business" you operate;
 4. The owner or lessee (of whom you are a sublessee) of a "hired auto" or the owner of a "non-owned auto" or any agent or "employee" of any such owner or lessee;
 5. Any person or organization with respect to the conduct of any current or past partnership or joint venture that is not shown as a Named Insured in the Declarations.
- E. For the purposes of this endorsement only, the definition of "insured contract" in the **DEFINITIONS** Section is amended by the addition of the following:
9. "Insured contract" means:
 - g. That part of any contract or agreement entered into, as part of your business pertaining to the rental or lease, by you or any of your "employees", of any "auto". However, such contract or agreement shall not be considered an "insured contract" to the extent it obligates you or any of your "employees" to pay for "property damage" to any "auto" rented or leased by you or any of your "employees".
- F. For the purposes of this endorsement only, the following definitions are added to the **DEFINITIONS** Section:
1. "Auto business" means the business or occupation of selling, repairing, servicing, storing or parking "autos".
 2. "Hired auto" means any "auto" you lease, hire, rent or borrow. This does not include any "auto" you lease, hire, rent or borrow from any of your "employees", your partners or your "executive officers", or members of their households,
 3. "Non-owned auto" means any "auto" you do not own, lease, hire, rent or borrow which is used in connection with your business. This includes "autos" owned by your "employees", your partners or your "executive officers", or members of their households, but only while used in your business or your personal affairs.

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

HIRED AUTO AND NON-OWNED AUTO LIABILITY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Insurance is provided only with respect to those coverages for which a specific premium charge is shown:

Coverage	Additional Premium
Hired Auto Liability and Non-Owned Auto Liability	\$

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

A. HIRED AUTO LIABILITY

The insurance provided under **COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY** (Section I - Coverages) applies to "bodily injury" or "property damage" arising out of the maintenance or use of a "hired auto" by you or your "employees" in the course of your business.

B. NON-OWNED AUTO LIABILITY

The insurance provided under **COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY** (Section I - Coverages) applies to "bodily injury" or "property damage" arising out of the use of a "non-owned auto" by any person other than you in the course of your business.

C. With respect to the insurance provided by this endorsement:

1. Subparagraphs b., c., e., g., h., j., k., l., m., and n. of paragraph 2., Exclusions of **COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY** (Section I - Coverages) do not apply.
2. The following exclusions are added to paragraph 2., Exclusions of **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY** (Section I - Coverages):
 - a. "Bodily injury" or "property damage" for which the insured is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages:
 - (1) That the insured would have in the absence of the contract or agreement; or

- (2) Assumed in a contract or agreement that is an "insured contract", provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement.

b. "Bodily injury" to:

- (1) An "employee" of the insured arising out of and in the course of:
 - (a) Employment by the insured; or
 - (b) Performing duties related to the conduct of the insured's business; or
- (2) The spouse, child, parent, brother or sister of that "employee" as a consequence of paragraph (1) above.

This exclusion applies:

- (1) Whether the insured may be liable as an employer or in any other capacity; and
- (2) To any obligation to share damages with or repay someone else who must pay the damages because of the injury.

This exclusion does not apply to:

- (1) Liability assumed by the insured under an "insured contract"; or
- (2) "Bodily injury" to domestic "employees" not entitled to Workers Compensation benefits.

c. "Property damage" to:

- (1) Property owned or being transported by, or rented or loaned to the insured; or
- (2) Property in the care, custody or control of the insured.

D. For the purposes of this endorsement only, WHO IS AN INSURED (Section II) is replaced by the following:

Each of the following is an insured under this Insurance to the extent set forth below:

- 1. You.
- 2. Any other person using a "hired auto" with your permission.
- 3. With respect to a "non-owned auto", any partner or "executive officer" of yours, but only while such "non-owned auto" is being used in your business.
- 4. Any other person or organization, but only with respect to their liability because of acts or omissions of an insured under paragraphs 1., 2., or 3. above.

None of the following is an insured:

- 1. Any person engaged in the business of his or her employer with respect to "bodily injury" to any co-employee of such person injured in the course of employment;
- 2. Any partner or "executive officer" with respect to any "auto" owned by such partner or officer or a member of his or her household;

3. Any person while employed in or otherwise engaged in performing duties related to the conduct of an "auto business", other than an "auto business" you operate;
 4. The owner or lessee (of whom you are a sublessee) of a "hired auto" or the owner of a "non-owned auto" or any agent or "employee" of any such owner or lessee;
 5. Any person or organization with respect to the conduct of any current or past partnership or joint venture that is not shown as a Named Insured in the Declarations.
- E. For the purposes of this endorsement only, the definition of "insured contract" in the **DEFINITIONS** Section is amended by the addition of the following:
9. "Insured contract" means:
 - g. That part of any contract or agreement entered into, as part of your business pertaining to the rental or lease, by you or any of your "employees", of any "auto". However, such contract or agreement shall not be considered an "insured contract" to the extent it obligates you or any of your "employees" to pay for "property damage" to any "auto" rented or leased by you or any of your "employees".
- F. For the purposes of this endorsement only, the following definitions are added to the **DEFINITIONS** Section:
1. "Auto business" means the business or occupation of selling, repairing, servicing, storing or parking "autos".
 2. "Hired auto" means any "auto" you lease, hire, rent or borrow. This does not include any "auto" you lease, hire, rent or borrow from any of your "employees", your partners or your 11 executive officers", or members of their households,
 3. "Non-owned auto" means any "auto" you do not own, lease, hire, rent or borrow which is used In connection with your business. ~~This includes "autos" owned by your business.~~ This includes "autos" owned by your "employees", your partners or your "executive officers", or members of their households, but only while used in your business or your personal affairs.

<i>SERFF Tracking Number:</i>	<i>REGU-125513648</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Technology Insurance Company, Inc., ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-0402</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Commercial General Liability Form Filing</i>		
<i>Project Name/Number:</i>	<i>/2008-0402</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: REGU-125513648 State: Arkansas
First Filing Company: Technology Insurance Company, Inc., ... State Tracking Number: EFT \$50
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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	03/13/2008
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Comments:

Attachment:

AR NAIC.pdf

Satisfied -Name:	Authorization Letters	Review Status:	Approved	03/13/2008
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Comments:

Attachments:

Auth Letter TIC.pdf

Auth Letter WIC.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div>New Business</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Renewal Business</div> <div></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #
AmTrust Group	2538

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Technology Insurance Company	NH	42376	02-0449082	
Wesco Insurance Company	DE	25011	85-0165753	

5. Company Tracking Number	2008-0402
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Joanne Sullivan Insurance Regulatory Consultants 50 Broad Street, Suite 501 New York, NY 10004	Analyst	(212) 571-3989	(212) 571-2502	joannesullivan@ircllc.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Joanne Sullivan

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0 Other Liability - Claims Made/Occurrence
10. Sub-Type of Insurance (Sub-TOI)	17.0001 Commercial General Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	General Liability
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: Upon Approval Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	2/28/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # 2008-0402

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

In 2006, Technology Insurance Company (TIC) and Wesco Insurance Company (WIC) submitted a Commercial General Liability Hired Auto and Non Owned Auto Liability endorsement GL990027 0206 that was approved for use in your state. It has come to our attention that this form contained an error on page 3 under F.3. We have removed the sentence "This includes "autos" owned by your business".

The following items are enclosed for your review:

- Required state filing forms
- Form GL990027 0208 – Hire Auto and Non-Owned Auto Liability

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT
Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		2008-0402		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Hired Auto And Non-Owned Auto Liability	GL990027 0208	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GL990027 0206	
			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



Technology Insurance Company
An AmTrust Financial Company

LETTER OF FILING AUTHORIZATION

This will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filing below on behalf of **Technology Insurance Company, Inc.** This authorization extends to all correspondence regarding this filing.

Christopher Zentner
Name

2/27/08

Date

Vice President, Compliance
Title

Technology Insurance Company, Inc.
Company


Signature

646-458-7922
Telephone #

Re: **Technology Insurance Company, Inc. - NAIC #: 2538-42376**
Commercial General Liability Form Filing



Wesco Insurance Company

An AmTrust Financial Company

LETTER OF FILING AUTHORIZATION

This will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filing below on behalf of **Wesco Insurance Company**. This authorization extends to all correspondence regarding this filing.

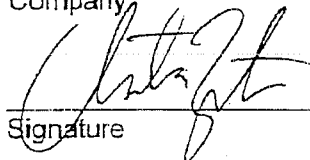
Christopher Zentner
Name

2/27/08

Date

Vice President, Compliance
Title

Wesco Insurance Company
Company


Signature

646-458-7922
Telephone #

**Re: Wesco Insurance Company, Inc. - NAIC #: 2538-25011
Commercial General Liability Form Filing**